

SBAR REPORT TO A PHYSICIAN

BEFORE CALLING THE PHYSICIAN

1. ASSESS THE RESIDENT
2. READ THROUGH RECENT PROGRESS NOTES AND THE ASSESSMENT FROM THE NURSE OF THE PRIOR SHIFT
3. HAVE THESE ITEMS AVAILABLE WHEN SPEAKING TO THE PHYSICIAN:
(CHART, ALLERGIES, MEDS, LABS/RESULTS)
4. REHEARSE WHAT YOU ARE GOING TO SAY; WHAT'S THE GOAL OF YOUR CALL? KNOW LAST LAB RESULTS IF CALLING ABOUT RECENT LABS, KNOW WHEN PAIN MED LAST WAS GIVEN IF CALLING ABOUT PAIN, ETC.)

S	SITUATION: INTRODUCE YOURSELF: STATE THE RESIDENT'S NAME YOU ARE CALLING ABOUT: _____ EXPLAIN THE SITUATION YOU ARE CALLING ABOUT: _____ RESIDENT'S CODE STATUS: _____
B	BACKGROUND: DATE OF ADMISSION _____ ADMISSION DX: _____ ALLERGIES: _____
A	ASSESSMENT: VITAL SIGNS: T ___ P ___ R ___ B/P ___ / ___ O2 ___ % @ ___ L PER MASK/NC PAIN(1-10) _____ LOCATION _____ MENTAL STATUS: ALERT & ORIENTED CONFUSED NON-COOPERATIVE AGITATED &/OR COMBATIVE LETHARGIC STUPOROUS COMATOSE NOT TALKING OR ABLE TO SWALLOW EYES CLOSED/NOT RESPONDING TO STIMULI SKIN: WARM & DRY DIAPHORETIC MOTTLED PALE COLD/WARM EXTREMITIES COLOR OF SKIN INTAKE AND OUTPUT: DRINKING/EATING (DIET) _____ URINE CHARACTERISTICS _____ CARDIAC/RESPIRATORY: LUNG SOUNDS _____ EDEMA: + _____ RESPIRATORY RATE AND QUALITY _____ RHYTHM CHANGES _____ WEIGHT +OR- LBS _____ /DAYS _____ NEUROLOGICAL CHANGES: _____ MUSCULOSKELETAL: (JOINT DEFORMITY/WEAKNESS) _____ GI: NAUSEA VOMITING DIARRHEA CONSTIPATION BS _____ STOOL CHARACTERISTICS _____ WOUND CHANGES: DRAINAGE CHARACTERISTICS _____ ODOR _____ BLOOD GLUCOSE/INSULIN ORDERS: _____
R	RECOMMENDATION OF MD: _____ RESIDENT CODE STATUS _____ LABS: CXR CBC BMP BNP PT/INR UA/C&S OTHER _____ NEW MED/TREATMENT ORDERS: _____ ASK THE PHYSICIAN WHEN THEY WOULD LIKE A FOLLOW-UP OF THE RESIDENT'S STATUS _____

**REMEMBER TO DOCUMENT THE CHANGE IN CONDITION,
THE PHYSICIAN NOTIFICATION, FAMILY NOTIFICATION
AND ADD F/U TO PERTINENT CHARTING LIST!!!!!!**